MAXIMUS Federal Services

Case Number:	CM15-0131096		
Date Assigned:	07/17/2015	Date of Injury:	08/06/2014
Decision Date:	09/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old female, who sustained an industrial injury on August 6, 2014. She reported right sided body pain and right upper and lower extremity pain after tripping in a puddle of water while wrapping a vine with plastic. The injured worker was diagnosed as having right carpal tunnel syndrome, right wrist tenosynovitis, minimal, subchondral cyst of the right radial head, right upper extremity paresthesias, lumbar spondylolisthesis, lumbar central canal stenosis, moderate, a lipoma of the proximal phalanx, lumbar muscle sprain, right elbow strain, left foot sprain, right ankle strain and mild contusion of the right thoracolumbar spine. Treatment to date has included diagnostic studies, electrodiagnostics, radiographic imaging, an ankle adjustment, medications and home ice therapy, physical therapy and work restrictions. Currently, the injured worker complains of continued left foot pain, right elbow pain and lumbar pain with radiating pain down bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on August 6, 2014, revealed normal range of motion of the cervical and dorsolumbar spine and mild swelling of the right calf and lateral right ankle. No x-rays were taken and Norco was prescribed. No further treatment was recommended unless symptoms persisted. Evaluation on August 7, 2014, revealed pain in the low back radiating to bilateral lower extremities, left foot pain and right elbow pain. Straight leg test was negative. It was noted there was tenderness without swelling in the left foot. The right lumbar spine was tender with flexion noted at 60 and extension noted at 15, SB was 30 right and left. She was able to get on her toes and heels and there was no noted foot drop. Strong grip on the

right side caused some elbow pain. Physical therapy was recommended. Evaluation on February 2, 2015, revealed lumbar spine pain rated on a visual analog scale (VAS) from 1-10 with 10 being the worst, at 8 and her right elbow pain at 9-10. She described the pain as constant pulling, achy, intense and sharp. Reports noted magnetic resonance imaging (MRI) on December 4, 2014, revealed spondylolisthesis at the lumbar 4-5 level with moderate central stenosis. Electrodiagnostic studies of the bilateral lower limbs were normal and revealed right carpal tunnel syndrome of the right upper extremity. She noted she done well with previous therapy. It was noted she was taking no medications at this time. Evaluation on May 19, 2015, revealed right elbow pain rated at 9, lumbar pain at 8 and left foot pain at 5 on a 1-10 VAS. Naproxen, Tramadol and Omeprazole were refilled. She had been prescribed Naproxen two times daily, Omeprazole daily and Tramadol as needed. Work continued as modified. Evaluation on July 6, 2015, revealed no significant change from the previous visit noted. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen 550mg, #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The request is for naproxen, which is a non-steroidal anti-inflammatory used for the treatment of mild to moderate pain. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The request as written would continue the injured worker on a non-steroidal anti-inflammatory drug far longer than recommended by the MTUS. The request is unlikely to provide medical benefit, and is therefore not medically necessary.

Tramadol 50mg, #90, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request is for tramadol, which is a synthetic opioid used for the treatment of pain. The chronic use of opioids poses risk and requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while there is insufficient documentation of the MTUS requirements for ongoing use of opioids. Therefore, the request as written is not medically necessary.

Omeprazole 20mg, #30, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request is for omeprazole, which is a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Without any risk factors for gastrointestinal disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. The documentation provided does not support the ongoing use of NSAIDs, nor does it suggest that the injured worker is at increased risk for gastrointestinal disease. The request as written is not supported by the MTUS and is therefore not medically necessary.